

Board of Community Health  
Meeting  
December 11, 2014

**Members Present**

Norman Boyd  
Clay Cox  
Michael Kleinpeter  
Russ Childers  
Donna Moses  
Roger Folsom  
Rick Jackson

**Members Absent**

Allana Cummings  
Kiera von Besser

The Board of Community Health held its regularly scheduled meeting at the Department of Community Health, Fifth Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia. Commissioner Clyde L. Reese, III was also present. (An agenda and a List of Attendees are attached hereto and made official parts of these Minutes as Attachments #1 and #2). Interim Vice-Chairman Clay Cox presided and called the meeting to order at 10:36 a.m.

**Minutes**

The Minutes of the October 9, 2014 meeting were unanimously approved.

**Opening Comments**

Chairman Boyd asked Commissioner Reese to introduce the Board's two new members.

Commissioner Reese welcomed new Board members, Russ Childers and Roger Folsom and expressed that the Department is pleased to have them join the Board.

Mr. Childers informed the Board that he has been an insurance agent for 42 years and has worked in the health insurance industry. Mr. Childers further stated that he is looking forward to serving on the Board.

Mr. Folsom informed the Board that he has a background in healthcare. Mr. Folsom began working in a hospital at the age of 18, worked with Lutheran Healthcare Systems, managed hospitals and started his home medical services company in 1995 in Dublin Georgia. Mr. Folsom indicated that he is pleased to be a part of the Board and is looking forward to serving.

Chairman Boyd also welcomed and thanked the new Board members for the contributions they will make to the Board.

Chairman Boyd indicated that it is necessary to vote on the current Interim officer positions and Chair position as well as appoint a nominating Committee. Nominations for the officer positions and voting will take place at the January 8, 2015 Board meeting.

**Officer Positions:**

1. Chair
2. Vice-Chair
3. Secretary

**Nominating Committee:**

1. Allana Cumminings, Chair
2. Clay Cox, Member
3. Kiera von Besser, Member

**Committee Reports**

Norm Boyd, Audit Committee Chairman briefed the Board on the following meeting speaking points:

1. The financial aspect yielded a “clean audit” with no material findings.
2. The Department of Community Health (DCH) manages \$13 billion in state and federal funds.
3. There were five findings that consisted of financial (accounts payable/receivable) and compliance (nursing home inspection timeliness and documentation of Medicaid and Provider eligibility).

**Commissioner’s Report**

Commissioner Reese thanked the Board, members of the public and staff for their attendance.

Commissioner Reese updated the Board on the following items:

1. The State Health Benefits Plan (SHBP):

The open enrollment period was October 27<sup>th</sup>-November 14, 2014. The process went well with no technical issues. Members were able to access and enroll with minimal difficulty.

## **2015 Plan Options**

Blue Cross Blue Shield	
Plan Option	% of Members Enrolled
HRA Gold	10.33
HRA Silver	23.98
HRA Bronze	29.79
HMO	19.62

Kaiser	
Plan Option	% of Members Enrolled
HMO	3.03

United Healthcare	
Plan Option	% of Members Enrolled
High Deductible	1.02
HMO	2.32
Tricare	.10

United Healthcare Medicare Advantage	
Plan Option	% of Members Enrolled
Premium	4.50
Standard	5.31

### **2. Elder Abuse:**

Commissioner Reese expressed the importance of protecting the most vulnerable elderly population from financial, physical and emotional abuse. One of the direct relationships the Department has is with regulation of personal care homes with our Healthcare Facility Regulation Division (HFRD). The Department has worked well with the Task Force lead by Vernon Keenan, Director of the Georgia Bureau of Investigation (GBI), the Division of Aging (DAS), Adult Protective Services (APS) and stake holders throughout the state to be vigilant and to seek greater enforcement for unlicensed personal care homes.

Commissioner Reese commended the work of HFRD and the Office of Inspector General (OIG) in working with the various groups, law enforcement and GBI to make it known that elderly abuse will not be tolerated.

Commissioner Reese informed the Board that today was the last meeting of the

Legislative Committee focused on elderly abuse and the ability to relocate residents in an emergency. A protocol has been developed similar to the one used for missing children. If it is determined there is an unlicensed personal care home where people are in immediate jeopardy and need to be relocated, there is a plan in place for all entities across the board to know what to do, when to do it and how. The non-emergency transportation element from Medicaid will be used to transport residents if necessary. This initiative is very important and progress continues to be made.

### 3. Procurements:

Commissioner Reese stated that the Department is in the process of introducing a Request for Proposal (RFP) for our Care Management Organizations (CMO). In order to obtain legitimate qualified bidders the Department released a Request for Qualified Contractors (RFQ). The responses received are currently under evaluation. Qualifiers during the RFQ stage will submit formal bids for the Department's managed care business.

#### **Procurement Timeline:**

- The goal to release the RFP to the public is before the end of the calendar year.
- There will be an evaluation period the beginning of next year and the goal is to announce the award winner(s) in July 2015.
- Current contracts end June 30, 2016 and new contracts will begin on July 1<sup>st</sup>. The objective is to have a full year of transition and implementation.

Input from stakeholders, the provider community and past experience has been incorporated and reflected in the RFP.

Previously the Department discussed centralizing our credentialing of providers. Currently the fee for service Medicaid credentialing or provider enrollment is less than 10 days, but there is a longer period to be credentialed within one of the CMO's who conduct their credentialing.

The Department wants to move forward with a centralized verification organization and has decided to ask Hewlett Packard (HP), the current Medicaid Management Information System (MMIS) vendor to do this work through a subcontract or amendment to their current contract. Having one organization handle credentialing will streamline the process and shorten the timeframes resulting in more effectiveness and efficiency.

#### 4. AFY 15 and FY 16 Budget:

The Board previously approved the AFY 15 and FY 16 budget recommendations this summer. The proposal was presented to the Office of Planning and Budget (OPB) and the formal presentation to the Governor will take place December 16, 2014 at 9:00 am. Commissioner Reese stated that the Department's budget will be included in the larger State budget and then it will be presented to the General Assembly in January.

#### 5. Personnel Change(s):

Commissioner Reese announced that Dr. Jerry Dubberly, Chief of Medical Assistance Plans is leaving the agency to take advantage of an opportunity in the private sector. Dr. Dubberly has been the Pharmacy Director for four years and Medicaid Director for six years. Commissioner Reese further expressed that Dr. Dubberly provided tremendous and honorable service to the state with great distinction. Commissioner Reese personally thanked Dr. Dubberly for his service and work as a distinguished public servant.

Dr. Dubberly thanked Commissioner Reese for his kind words and expressed that it has been an honor and privilege to work for DCH in various capacities for the past 10 years. Dr. Dubberly thanked the Board for their support and assistance in navigating very sensitive issues as well as his peers and staff.

Chairman Boyd on behalf of the Board thanked Dr. Dubberly for the knowledge he presented and professionalism in his position.

Commissioner Reese informed the Board that Dr. Dubberly's last day with DCH will be January 2, 2015. Commissioner Reese will assume the role as Interim Medicaid Director while a national search is conducted to fill this position.

Sherman Harris, Director of Information Security gave a briefing on Information and Cybersecurity and how these topics relate to Federal regulatory compliance and business risk management within the Department. Additionally, the Presentation addressed the numerous threats to business program data and how the Office of Information Security (OIS) partners with the Department's business owners to mitigate these risks which include; legal, regulatory compliance and financial risks to their critical business programs. The highlights included:

- State and Federal Regulatory requirements
- Background on information security programs as well as, who owns technology and business risk in the organization
- Types of business risks impacting business owner data

- Types of Cybersecurity risks to business owner data
- Data intrusion trends and number of blocked Cybersecurity attacks during a typical month
- Who are the business owners which OIS partners with to manage business risks within the Department
- Specific tasks and activities which OIS performs to assist the Leadership with in managing business risks to program data

(A copy of the Cyber and Information Security presentation is attached hereto and made an official part of these minutes as Attachment #3).

John Upchurch, Director of Reimbursement, briefed the Board on the request for final adoption of the Tier II Inpatient Upper Payment Limit (UPL) Methodology Change. This change excludes organ acquisition costs from hospital cost to charge ratios when calculating hospital inpatient UPL. John Upchurch advised the Board that CMS is requiring this change for state fiscal year (SFY) 2015 as a condition for approval of Georgia's hospital UPL demonstration for SFY 2014. With this change, the amount available in private hospital UPL payments for both IP and OP in SFY 2015 is estimated to be \$31.3 million pending CMS approval. That is compared to payments of \$39 million in SFY 2014. This change, subject to CMS approval, is to be effective for services provided on and after July 1, 2014.

John Upchurch further stated that The Department held a public hearing on October 14, 2014 at 10:30 am to allow oral comments on the Tier II Inpatient UPL Methodology Change. The Department also provided an opportunity for written comments through October 21, 2014. There were no written or oral comments.

Donna Moses MADE a MOTION to approve for final adoption Hospital Provider Fee-Tier II Inpatient Methodology Public Notice. Rick Jackson SECONDED the MOTION. ON THE MOTION, the yeas were 6, nays 1, abstained 0, and the MOTION was APPROVED. (A copy of the Hospital Provider Fee-Tier II Inpatient Methodology Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Marcey Alter, Medicaid Deputy Director, Aging and Special Populations presented an action for the Board's final adoption to add a new skilled nursing service to the Independent Care Waiver Program (ICWP).

The ICWP is targeted to adults with significant physical disabilities who are 21-64 years of age at time of enrollment. ICWP currently allows skilled nursing services, but only as a daily episodic visit, usually of no more than one hour, to provide acute treatment. Findings reveal this is not adequate to provide the skilled nursing services, monitoring and oversight needed by many of these members with complex medical conditions. This has become particularly noticeable for young adults who



have transitioned from the Georgia Pediatric Program for medically fragile youth GAPP Waiver. At age 21, young adults who age out of the GAPP Waiver typically are transitioned to ICWP. They are accustomed to the hourly skilled nursing benefit. Although they are turning 21, there is still a need for this service.

Providing skilled nursing on an hourly basis will allow individuals to receive a range of nursing treatment and supports to maintain their safety and health. Tasks to be provided would include skilled nursing assessments, skilled nursing tasks such as ventilator care and oxygen monitoring, g-tube maintenance, wound care and medication administration. Therefore with this waiver amendment we are proposing to add an hourly skilled nursing service. The rate is \$10 per 15 minute unit for a registered nurse or \$8.75 for a licensed practical nurse. These rates are established to align with similar skilled nursing services in other waivers.

The full annualized cost impact of adding the hourly skilled nursing service is \$2,141,917 in State Funds and \$6,430,343 in Total Funds. At the September Board meeting, the Board approved the inclusion of these state funds in the amended SFY15 and proposed SFY16 budget.

The Department held a public hearing on October 16, 2014 and opportunity for written comments through October 23, 2014. There were no written or oral comments. Anecdotally, in other public meetings conducted advocates and family members are in favor of this change. DCH respectfully requests the Board's favorable consideration for final adoption of these additions/changes to the ICWP.

Clay Cox MADE a MOTION to approve for final adoption Independent Care Waiver Program (ICWP)-Skilled Nursing Public Notice. Rick Jackson SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Independent Care Waiver Program (ICWP)-Skilled Nursing Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

Mary Scruggs, Chief, Healthcare Facility Regulation Division presented the proposed Rules and Regulations for Adult Day Centers, Chapter 111-8-1, to the board for final adoption. The rules were proposed pursuant to the authority granted to the Department of Community Health in O.C.G.A. § 49-6-80 et seq., the Adult Day Center for Aging Adults Licensure Act. The Board approved initial adoption of the Rules at the October 9, 2014 Board meeting.

The Department held a public hearing on October 30, 2014 and opportunity for written comments through October 31, 2014. During the public hearing, oral comments were made by: Mr. Walter O. Coffey, President and CEO of LeadingAge Georgia; Mr. Tom Bauer, Public Policy Consultant for LeadingAge Georgia; and Ms. Genia Ryan, President and CEO of Georgia Senior Living Association. Mr. Coffey and Ms. Ryan also submitted written comments. Mr. Coffey's written comments were submitted on

behalf of Leading Age Georgia as well as the Georgia Adult Day Services Association. In addition, the Department received written comments from Mr. Joe Robbins, owner of Freedom Day Center in Columbus Georgia.

Mary Scruggs presented a summary of the oral and written comments, which included requests for clarification of the rules as well as proposed exceptions to the rules. The Department proposes to address requests for clarification of the Rules through interpretive guidelines, similar to the guidelines that have been published as a resource for other state regulations, including the Rules governing personal care homes and assisted living communities. The Department did not recommend granting a written request to allow licensed personal care homes and assisted living communities to provide adult day center services without a separate adult day center license; however, the Department agreed to provide additional consideration to the request following final adoption of the Rules. The Department did not recommend granting a written request to remove the requirement for a food service permit for existing day centers serving 24 or more clients. However, the Department noted its authority to grant a waiver of the requirement on a case-by-case basis under the Department's authority to review requests for waivers.

Rick Jackson MADE a MOTION to approve for final adoption Adult Day Center Rules Public Notice. Michael Kleinpeter SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Adult Day Center Rules Public Notice is attached hereto and made an official part of these minutes as Attachment #6).

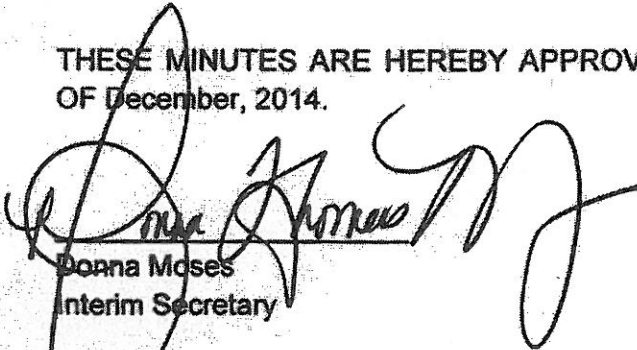
#### New Business

None to report.

#### Adjournment

There being no further business to be brought before the Board, Chairman Norm Boyd adjourned the meeting at 11:33 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 11th DAY OF December, 2014.



Donna Moses  
Interim Secretary



Norm Boyd  
Chairman



Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Cyber Information and Security Presentation
- #4 Hospital Provider Fee-Tier II Inpatient Methodology Public Notice
- #5 Independent Care Waiver Program (ICWP)-Skilled Nursing Public Notice
- #6 Adult Day Center Rules Public Notice